

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213530776					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SUMMER INSTITUTE OF LINGUISTICS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAUREN B HOMER 13102 PARSON LANE FAIRFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F1758160</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 7500 W CAMP WISDOM RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: DALLAS, TX 75236</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN R WATTERS TITLE: PRESIDENT ADDRESS: SIL INTERNATIONAL 7500 W CAMP WISDOM RD CITY/ST/ZIP/CO: DALLAS, TX 75236 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN R WATTERS TITLE: PRESIDENT ADDRESS: SIL INTERNATIONAL 7500 W CAMP WISDOM RD CITY/ST/ZIP/CO: DALLAS, TX 75236	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	ANDREW CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 Brookside		
CITY/ST/ZIP/CO:	Thame, OX OX9 3DE, GB		
NAME:	HANS COMBRINK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22 Jalan Haji Rafaie		
CITY/ST/ZIP/CO:	Tanjung Bunga, Pulau , Pinang 11200, MY		
NAME:	KOHIMA DARING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DOHS BARIDHARA		
CITY/ST/ZIP/CO:	Dhaka, 1212, BD		
NAME:	SHERWOOD LINGENFELTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Fuller Theological Seminary		
CITY/ST/ZIP/CO:	655 N El Molino Ave. Pasadena, CA 91101		
NAME:	RENIEL NEBAB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13 West Capitol Drive		
CITY/ST/ZIP/CO:	Pasig City Metro Manila, 1601, PH		
NAME:	BONNIE NYSTROM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12352 Imperial Dr		
CITY/ST/ZIP/CO:	Seminole, FL 33772		
NAME:	PAUL OPOKU-MENSAH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX TL 378		
CITY/ST/ZIP/CO:	TAMALE, NORTHE , GH		
NAME:	DAVE PEARSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 44456		
CITY/ST/ZIP/CO:	NAIROBI, NAIROB 00100, KE		
NAME:	GEORGE F. SCHULTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BP 1299		
CITY/ST/ZIP/CO:	Yaounde, , CM		
NAME:	YUKO TAKADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 12962 Oritigas Center		
CITY/ST/ZIP/CO:	Pasig City, 1605, PH		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EUGENE C BURNHAM	EUGENE C BURNHAM,	6/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.